

The cystoscope has become a most valuable instrument for diagnosing bladder and kidney diseases. For the purpose of illustrating its utility in this respect, let us take, for example, a case of hæmaturia. As Mr. Fenwick remarks, "very often the evacuated urine contains no clue as to the source of the blood. The color of the hæmorrhage is deceptively variable, sometimes being of renal, sometimes of a vesical, type. In only a small proportion of cases does the microscope reveal the cause. Not infrequently bi-manual or rectal examination proves valueless in the localization of the disease, while the sound, evacuator, and lithotrite often afford only negative results. If the cystoscope be passed, you may detect a villous papilloma or other vesical growths which cause the hæmorrhage, the existence of which one may suspect, but which, without a cutting operation in the shape of a digital exploration, one often cannot absolutely diagnose to be present in the bladder. Or you may reveal a hæmorrhagic cystitis, a growth, a calculus, an enlarged prostate or an ulceration as the source of the hæmorrhage. If you find negative evidence of the hæmorrhage from an examination of the bladder walls, a close inspection of the orifices of the ureters will demonstrate at once the real source of the hæmorrhage if the blood be issuing from the kidneys; for if this be the case you will see the jets of bloody urine burst from the tiny opening of one or other ureter and the real source of the hæmorrhage will then be known. The cystoscope can either afford us a clearer insight into pathological conditions of the vesical mucous membrane, and enable us to watch the progress of the disease and the behavior of the same under varying forms of treatment; or it may allow us to control our clinical observations and speculations by direct visual research, and rightly to assign the more prominent symptoms to definite causes; or it may at once elucidate for us the cause of obscure symptoms of urinary disease, of which we otherwise could obtain no certain clue without a cutting operation.

DYSMENORRHOEA.

R.—Ext. stramoni, }
 Ext. hyoscyam, } aa . . . gr. vi.
 Ext. opium, }

M. Ft. Pills No. 12. Sig.—Take one pill every one to six hours, as may be needed, until relieved.

NOTES ON PUERPERAL ECLAMPSIA.*

BY BERTRAM SPENCER, M.D., M.R.C.S.E., TORONTO.

On Sunday, Oct. 18, 1891, I was called to see Mrs. P., about 20 years of age, six and a half months advanced in her first pregnancy, and who had suddenly, after symptoms of disordered vision, been seized with convulsions.

On arrival I found three other physicians, who had hastily been summoned, in the room, by one of whom the patient had been bled to the amount of 10 ounces. Half a grain of morphia also had been administered hypodermically, together with inhalations of chloroform, and a gag had been placed between the jaws, to prevent laceration of the tongue by the teeth.

On passing a catheter into the bladder it was found empty, urine having been voided into the bed during one of the convulsions, of which, so far as I could gather from the husband, the patient had had three or four.

A second half grain of morphia was at once injected, and the membranes punctured with the catheter, and about two or three ounces of liq. amnii. escaping. At this time another convulsion, the first I had seen, seized the patient, which, though the chloroform was pushed, lasted for some minutes.

An attempt was now made to dilate the os with the finger, and, after much work and perseverance, I was enabled to introduce the tip of the index finger as far as the first joint. Beyond this point, in spite of prolonged efforts by myself and Dr. Scadding, who kindly relieved me for a couple of hours, it was impossible to produce further dilatation; the finger in the os giving the impression of being in the neck of a bottle, so rigid and unyielding did it appear. Two or three large enemata of soapy water and castor oil were given, in the hopes of producing an evacuation of the bowels, and of so relieving blood pressure, but with no effect; the enema apparently distending the rectum, but returning ineffectual at once. Glauber's and Epsom salts were then given every half hour, in concentrated solution, but also without producing the desired effect. Failing in our attempts to produce dilatation of the os with the fingers, an attempt

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